



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

Medicaid Purchasing Administration  
626 8<sup>th</sup> Avenue, S.E. • P.O. Box 45502  
Olympia, Washington 98504-5502

TO: Pharmacies  
FROM: Health and Recovery Services Administration

**DSHS / HRSA Emergency Fill Policy Reminder**

**Emergency Fills**

HRSA *guarantees claim payment for any good faith effort on the part of a pharmacist to meet a client's immediate needs in an emergency.* "Immediate Needs" means the pharmacist uses their professional judgment in determining the quantity and days supply to dispense to best meet the client's needs in an emergency. The department does not require that the days supply be limited if the pharmacist believes it is in the best interest *of the client* that the full prescription (up to 34 days supply) be dispensed in order to meet their immediate needs.

If, in your professional judgment, the client has a genuine emergency need, *please meet the client's immediate needs and contact HRSA within 72 hours. Authorization will be approved when the request is processed if 'Emergency Fill' is indicated on the authorization request.* Medical necessity requirements will be applied to any future fills of the same medication, but will be waived to ensure payment of Emergency Fills.